

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Month 4 Days
(Specify whether years, months or days)
In this community 46 Years 0

3. (a) PRINT FULL NAME Mr. Walter Scott Wolfson

3. (b) If veteran, name war yes-but lost
3. (c) Social Security yes-but lost
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Annie Laurie Wolfson
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased January 1 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 9 16 .hr. min.

9. Birthplace Quincy Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Special Agent

11. Industry or business Equitable Life Ins. Co. of

MOTHER FATHER { 12. Name Rudolph Wolfson
13. Birthplace Rogasen Germany
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Mayer
15. Birthplace Abenheim Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Annie Laurie Wolfson
(b) Address 4227 Kenwood Avenue

17. (a) Cremation (b) Date thereof Oct. 20, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D. W. Newcomer's Son's

18. (a) Signature of funeral director D. W. Newcomer's Son
(b) Address 1401 Brush Creek Blvd.

19. (a) 10/20/41 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4227 Kenwood Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ----- 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17 year 1941 hour 10:20 minute P.M.
21. I hereby certify that I attended the deceased from Sept. 1, 1941 to Oct. 17, 1941
that I last saw him alive on Oct. 17 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal broncho-pneumonia
Due to chronic pyelitis
chronic cardiac renal disease.
Due to 12/10

Other conditions (Include pregnancy within 3 months of death)

OWA Major findings: Of operations None
Of autopsy None
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature L. J. [unclear] (M. D. or other) Dr. J.
Address 1401 Brush Creek Blvd. Date signed 10/20/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

A. C. Newcomer Jr.

Licensed Embalmer No. *4043*

P. O. Address *N. C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.